



1FW

Practitioner's Docket No. 701039-053543

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Puder, et al.
Application No.: 10/767,870
Filed: January 29, 2004
For: PREVENTION OF SURGICAL ADHESIONS USING SELECTIVE COX-2 INHIBITORS

Group No.: 1615
Examiner: AZPURU, Carlos A.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Certificate of Mailing (1 pg.);
2. Transmittal Form (1 pg.);
3. Response to Restriction Requirement (5 pgs.); and
4. Return Receipt Postcard.

is on the date shown below being:

MAILING

X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Date: June 26, 2007


Signature

Stephanie M. Mannino
(type or print name of person certifying)



TRANSMITTAL FORM

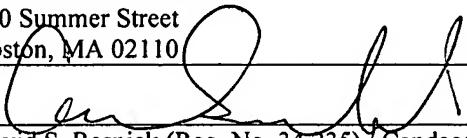
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/767,870	
	Filing Date	January 29, 2004	
	First Named Inventor	PUDER, Mark	
	Group Art Unit	1615	
	Examiner Name	AZPURU, Carlos A.	
Total Number of Pages in This Submission		Attorney Docket Number	701039-053543

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-0850 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT


Firm or Individual name	NIXON PEABODY LLP 100 Summer Street Boston, MA 02110
Signature	 David S. Resnick (Reg. No. 34,235) / Candace M. Summerford (Reg. No. 58,109)
Date	June 26, 2007

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

June 26, 2007
Date


Signature
Stephanie M. Mannino
Typed or printed name